REGION II RST 3 ANALYTICAL SERVICES REQUEST FORM

Prom:	То:	Helen Eng, PO						
Site Name Holy Trinity Cemetery Date of Request: 24-Apr-17	From:	Eri	ic Daly		, osc			
Site Name Holy Trinity Cemetery Date of Request: 24-Apr-17	Date:	24 Apr 17						
Site Location: S401 Roberts Avenue					- Date of Reguest:		24-Apr-17	
Lewiston, NY					-			
SSID No.: A23M	Site Location.					3/13/20		
Site TDD No.: TO-0007-0012 Saturday Delivery (Y/N) Saturday Delivery (Y/N) N N	SSID No :				_			
RST 3 Task No.: 3012 Saturday Delivery (Y/N) N CLP Lab Requested: YES / NO Y DESA Lab Requested: YES / NO Y Justification for commercial analytical service and/or quick turn-around time: (OSC Only) EPA OSC Signature: 04-24-2017 No. of Samples Sample Type / Matrix Analysis Required Required Unit Cost Cost 30-40 Radon / Air Radon via EPA Method 402-R-92-014 Yes Total Analysis Cost Sample Type / Matrix Radon via EPA Method 402-R-92-014 Yes Total Analysis Required Date of Required Sample Type / Matrix Required Sample Type / Matrix Radon via EPA Method 402-R-92-014 Yes Total Analytical Cost: Sample Type / Matrix Required Sample Type / Matrix Radon via EPA Method 402-R-92-014 Yes Total Type / Matrix Radon					- Turnarouna Time.			
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EPA OSC Signature: July 04-24-2017 No. of Sample Sample Type / Matrix Analysis Required Required Unit Cost Cost				turn-aroun				
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